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	MAD 0 0 2005	SUBSTITUTE PTO/SB/30 (08-03
Request	Application Number	10/632,074
for	Filing Date	August 1, 2003
Continued Examination (RCE) Transmittal	First Named Inventor	Christopher A. Williston
	Group Art Unit	3721
	Examiner Name	Nathaniel C. Chukwurah
r for Patents	Attorney Docket Number	AFD 626T

Mail Stop RCE		Ľ	zamine Name	Nathaniel C. Chukwuran	
Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-145	•		Attorney Docket Number	AFD 626T	
Reguest for Co	equest for Continued Examination (RCE) rithued Examination (RCE) practice under 37 CFR 1. r to any design application. See Instruction Sheet for	114 does n	icae ineig to env utility or plent appl	cetion filed prior to	
enclosed with the	uired under 37 C.F.R. 1.114. Note: If the RCE will be entered in the order in which they we dunentered amendment(s) entered, applicant miles.	re Med ur	less applicant instructs otherwise		
	Previously submitted. If a final Office action is outstanding, any amendments filed after the final Office action may be considered as a submission even if this box is not checked.				
i. Cons	sider the arguments in the Appeal Brief or R	eply Brie	previously filed on		
b. X Enclose	d				
=	ndment/Reply avit(s)/Declaration(s)	祖. i v.	Information Disclosure Other	e Statement (IDS)	
Othe	AP				
2. Miscellaneous			• •	·	
a. Suspension of action on the above-identified application is requested under 37 C.F.R. 1.103(c) for a period of months. (Period of suspension shall not exceed 3 months; Fee under 37 C.F.R. 1.17(i) required)					
b. Other					
3. Fees The RCE tee under 37 C.F.R. 1.17(e) is required by 37 C.F.R. 1.114 when the RCE to filled.					
a. X The Director is hereby authorized to charge the following fees, or credit any overpayments, to Deposit Account No. AF 01-0465					
=	fee required under 37 C.F.R. 1.17 (e) nsion of time fee (37 C.F.R. 1.136 and 1.17)				
III. Othe			haad	`	
b. Check in the amount of \$ enclosed c. Payment by credit card (Form PTO-2039 enclosed)					
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.					
	11. SIGNATURE OF APPLICANT	ATTOR	NEY, OR AGENT REQUIRE	D	
Name (Print/Type)	Richard Alan Lambert		ation No. (Attorney/Agent)	32,909	
Signature	Ra Lamber	Date	3/28/20	005	
Name (Print/Type)		Registr	ition No. (Attorney/Agent)		
Signature		Date			

Name (Print/Type)	Richard Alan Lambert	Registration	No. (Attorney/Agent)	32,909	
Signature	RQ Lamber	Date	3/28/200	5	
Name (Print/Type)		Registration	No. (Attorney/Agent)		
Signature		Date			

		CERTIFICATE OF MAILING OR TRANSMISSION				
I hereby certily that this correspondence is being deposited with the United States Postal Service with sufficient postag RCE, Commissioner for Patenta, P.O. Box 1450, Alexandria VA 22313-1450, or facsimile transmitted to the U.S. Pater	ge as first cl ent and Trad	emark Office o	in the date shown below.			
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TOTAL ADD'L FEE

OR

OR

Approved for use through 7/51/2006, OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. PATENT APPLICATION FEE DETERMINATION RECORD Application or Docket Number 0 632 0 Substitute for Form PTO-875 OTHER THAN CLAIMS AS FILED - PART I SMALL ENTITY OR' SMALL ENTITY (Column, 1) (Column 2) NUMBER FILED FOR NUMBER EXTRA RATE FEE RATE ·FEE BASIC FEE 790 s395 (37 CFR 1.16(a)) OR TOTAL CLAIMS x s.50 = x s 25 = (37 CFR 1.16(c)) minus 20 = OR INDEPENDENT CLAIMS x s 100 = x s 100. (37 CFR 1.16(b)) minus 3 = OR + 5180= + 310 = MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1,16(d)) OR TOTAL OR .TOTAL If the difference in column 1 is less than zero, enter "0" in column 2. CLAIMS AS AMENDÉD - PART II. OTHER THAN .OR (Column 2) (Column 3) SMALL ENTITY (Column 1) SMALL ENTITY CLAIMS ⋖ PRESENT ADDI-REMAINING NUMBER RATE ADDI RATE TIONAL EXTRA. TIONAL AFTER PREVIOUSLÝ FEE AMENDMENT FEE PAID FOR Total . Minus ENDME x s . 2.6 = x.s 50= OR' Independent (37 CFR 1.16(b)) Minus x \$200= x s 100 = OR + 5 34 D= + = 180 = FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL : TOTAL ADD'L FEE OR ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST $\mathbf{\omega}$ PRESENT ADDI-ADDL RATE RATE REMAINING NUMBER TIONAL TIONAL EXTRA ENT AFTER **PREVIOUSLY** FEE FEE AMENDMENT PAID FOR Total (37 CFR 1.16(c)) ENDMI Minus x \$ 50 = x \$25 = OR Minus Independent (37 CFR 1.16(b)) x \$ 100= x \$ 200= OR + , 360= FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL · ADD'L FEE ADD'L FEE OR (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST PRESENT · RATE ADDI-RATE ADDI-REMAINING NUMBER TIONAL FEE **EXTRA** TIONAL AFTER PREVIOUSLY ENDMENT FEE AMENDMENT PAID FOR Total .: (37 CFR 1.16(c)) Minus x s_50= x s 25 = Minus x \$ 20 0 = x s 100 = OR

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The 'Highest Number Previously Paid For' (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Gommissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

+ s_140=

ADD'L FEE

TOTAL